



## New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	II	Intake, Investigation and Response	
Chapter:	B	Intake	9-9-2013
Subchapter:	1	Processing Specific Referrals	
Issuance:	500	<b>Children with HIV/AIDS</b>	

### Referrals and Requests for Services 4-1-2002

Referrals and requests for CP&P services to children with AIDS or HIV positive children are consistent with already existing CP&P intake policies. When a referral for CP&P services also indicates that a child has or may have symptoms consistent with a diagnosis of HIV or AIDS, these referrals are assessed to determine the risk of harm, the existence of other circumstances which may warrant CP&P involvement and what the child's/family's service needs are.

The Worker gathers information from the treating physician and the parent, and consults with the CP&P medical consultant before reaching a decision. Under no circumstances may a CP&P employee refuse to provide services to a child or family suspected or diagnosed with AIDS or HIV infected. If the assessment determines CP&P services are not needed, information and referral services are provided. If CP&P services are needed or the service need is unclear, an in-person assessment is required. Needed services are provided promptly. See [CP&P-II-C-2-300](#) for time frames for responding to the referral.

Once the decision is made to accept the child/family for services, the assigned Worker or Supervisor consults further with the CP&P Local Office Child Health Unit Nurse or the Regional Nurse Administrator in order to assess and monitor the continued need, provision, and outcome of services provided to the child and family.

### HIV Exposure of Newborns 4-1-2002

Each referral of a newborn which alleges HIV exposure and a parental decision to decline medical treatment to interrupt perinatal transmission is assessed to determine the risk of harm or other circumstances which may warrant CP&P involvement. The purpose of the assessment is to:

- Gather information from the treating physician regarding the course of treatment, including whether the proposed course of treatment is necessary and whether adequate alternatives exist;
- Gather information from the parent, including the reasons for the parental decision and whether the withholding of consent is based on complete information.

The Worker, after gathering the above information, weighs the potential harm to the newborn infant against the potential benefits of the proposed treatment. The worker shall consult with CP&P' medical consultant before reaching a decision.

### **Informing Clients of Agency Disclosure Policies Regarding HIV 9-9-2013**

Good casework practice dictates that whenever possible parents of children or adolescents in risk categories or who test positive for HIV infection are informed of agency disclosure policies regarding HIV infection or exposure at the first appropriate opportunity, i.e., at time of request for services, such as placement in resource care or residential treatment. Parental consent to disclose should be elicited, if possible. The agency's policy on disclosure cannot be modified in the absence of parental consent, however.

See Disclosure of HIV Information in [CP&P-IX-G-1-100](#).